

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN; OR PHYSICAL DISABILITIES."

# **APPLICATION FOR EMPLOYMENT**

PERSONAL IN	<u>FORMATION</u>					
APPLICANT NAM	ИЕ:				DATE:	
ADDRESS:	ME:LAST			MIDDLE		
TELEPHONE #:	STREET		STA _ ADDRESS:		ZIP	
	J REFERRED TO US?					
——————	J KEFEKKED 10 03!					
<u>EMPLOYMENT</u>	DESIRED					
POSITION APPL	IED FOR OR TYPE OF WOR	K DESIRED:				
TYPE OF EMPLO	DYMENT DESIRED:	FULL-TIME	PART-TIME	≣ (no gu	TEMPORARY uarantee of hours)	
DATE YOU WILL	BE AVAILABLE TO START	WORK:	SA	LARY DESI	RED:	
HAVE YOU EVER	R BEEN PREVIOUSLY EMPL	OYED BY OUR ORGA	NIZATION?	YES	NO	
ARE YOU EMPLO	OYED NOW:	IF SO, MAY WE	INQUIRE OF YOUR P	RESENT E	MPLOYER: YES	NO
DRIVERS LICEN	SE NUMBER (IF DRIVING IS	AN ESSENTIAL JOB I	DUTY):		STATE:	
EDUCATIONAL	_ HISTORY					
LIST SCHOOL N	AME AND LOCATION, NUME	BER OF YEARS ATTEN	NDED, COURSE OF ST	TUDY, AND	ANY DEGREES EA	RNED:
HIGH SCHOOL:						
	SCHOOL NAME	LOCATION	# YRS ATTENDED	COURSE	OF STUDY/DEGRE	ΞE
COLLEGE:	SCHOOL NAME	LOCATION	# YRS ATTENDED	COURSE	OF STUDY/DEGRE	ΞE
COLLEGE:						
COLLEGE.	SCHOOL NAME	LOCATION	# YRS ATTENDED	COURSE	OF STUDY/DEGRE	ΞE
TRADE SCHOOL	.:	100471011	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0011005	05.0745077	
			# YRS ATTENDED	COURSE	OF STUDY/DEGRE	=E
OTHER:						
OTHER SKILLS	S AND QUALIFICATIONS					
SUMMARIZE AN	Y JOB-RELATED TRAINING,	, SKILLS, LICENSES, C	CERTIFICATES, AND/C	R OTHER (	QUALIFICATIONS:_	
U.S. MILITARY C	R NAVAL SERVICE:					

EMPLOYMENT HISTORY - PLEASE PROVIDE ALL EMPLOYMENT INFORMATION (most recent first)				
DATES EMPLOYED: FROM	то	SALARY:	POSITION HELD:	
EMPLOYER:		_ADDRESS:	TELEPHONE #:	
IMMEDIATE SUPERVISOR AND TITLE:				
REASON FOR LEAVING:				
DATES EMPLOYED, EDOM	TO	SALARY:	POSITION HELD:	
			T	
REASON FOR LEAVING:				
DATES EMPLOYED: FROM	то	SALARY:	POSITION HELD:	
EMPLOYER:		_ADDRESS:	TELEPHONE #:	
IMMEDIATE SUPERVISOR AND TITLE:				
JOB SUMMARY:				
-				
REASON FOR LEAVING:				
		041457	POOLETICAL LIEU P	
			POSITION HELD:	
		· · · · · · · · · · · · · · · · · · ·	TELEPHONE #:	
IMMEDIATE SUPERVISOR AND TITLE:				
JOD SUMMAKT:				
REASON FOR LEAVING:				

### PROFESSIONAL REFERENCES - (DO NOT LIST PERSONAL REFERENCES)

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

#### **NOTICE TO APPLICANTS**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY BE COVERED BY THE CITY'S AGREEMENT WITH A LOCALIZED UNION. SUCCESSFUL COMPLETION OF DRUG TESTING REQUIREMENTS AND/OR PHYSICAL PROVISIONS IS A CONDITION OF EMPLOYMENT.

APPLICATIONS WILL REMAIN IN AN ACTIVE FILE FOR A PERIOD OF UP TO 30 DAYS. APPLICANTS MUST REAPPLY FOR NEW POSITION
OPENINGS.
By checking the box and typing my name I am affirming and

acknowledging my signature to this document.

APPLICANT SIGNATURE:	D/	ATE:
APPLICANT SIGNATURE:	UF	<b>41</b> □.

RETURN COMPLETED APPLICATION TO: City of Fremont, HR Dept., 400 E Military Ave, Fremont, NE 68025 or Fax 402-727-2667 or email to jobs@fremontne.gov

Rev. 9/2014



**Applicant's Signature** 

## **EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

## **VOLUNTARY SELF-IDENTIFICATION FORM**

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment. Name (Last, First, MI): Street Address: City, State, Zip Code: Position Applied For: \_\_\_\_ Date Applied: \_\_\_ Gender Identification (check one) Female Male Race/Ethnic Identification (check one): Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races. **Decline self-identification** 

Date